

**CLAIMS ONLY**

Application Number

10560630

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
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Total Indep			8			
Total Depend			15			
Total Claims			23			

*	Indep	Depend	*	Indep	Depend	*
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Total Indep						
Total Depend						
Total Claims						